U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		d d	
E Special Sollies Soll	READ THE INSTRUCT	TIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 6/4	j	2. Fiscal Year Covered From:	
,		01/01/2004 Thr	
3. Name and address of person fi	lina	4 Nama file number and address of lab	

2. Fiscal Year Covered From:

OI/OI/OOO4 Through: 12/31/2004

3. Name and address of person filling.

Name Charles Fritze Fr.

Name Pipe Fitters Local 539

Labor Organization File Number 014537

P.O. Box, Bidg., Room No., if any

Street 6652 Jongul Way

Street 312 Central Aue

City Maple C-1000

State Minnes of a ZIP Code + 4 55369668state Minnes of a ZIP Code + 4 55414/079

5. Position in labor organization. Business Manager (Retired 09/10/2004)

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade nam	ne, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State ZIP Code	e + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the ser	ring documents), has been exan	nined by the signatory and is to the best of the
Signed Clara Fritzen		(763) 425- 6269 Telephone Number

Name of Person Filing Charles Frit	ここと るr. File Number U:	
B. Held an interest in or derived income or economic benefit with mo substantial part of which consists of buying from, selling or leasing to of an employer whose employees your labor organization represents (2) any part of which consists of buying from or selling or leasing dired dealing with your labor organization or with a trust in which your labor	o, or otherwise dealing with the business or is actively seeking to represent, or ectly or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a Lohar Organization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	G. Employe.	
City		
State ZIP Code + 4	4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing 12.a. Nature of interest held or income rece	·
State ZIP Code + 4	12.a. Nature of merest fold of mostile rest	
	12.b. Amount.	
C. Received from any employer (other than an employer covor from any labor relations consultant to an employer any payment	ered under parts A and B above) of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Minneapolis Pipe Fitters 3	iAc. Coordinators As January 28, 2	004
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 818 Dunwoody Bouleva	10	
City Minneapolis		
State/ Code + 4 55 40	3-1141	
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	\$35.00

Form LM-30 (2003)

13.b. Is the Business an Employer
I Committee

or Consultant

Name of Person Filing Charles Fritze	¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name MINNEAPOLIS PIPE FITTER JAC.	Mark 15 2004	
Trade Name, if any:	1. (2161)	
P.O. Box, Bldg., Room No., if any		
street 818 Dunwoody Boulevard		
city Minneagolis		
State Minnesota ZIP Code + 455403-1	/4/	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Charles Fritze	3r. File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
L	12.b. Amount.	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). NINNESUTA MECHANICE! Name Contractors Association	NAMER COLF OUTING & DINNER	
Trade Name, if any:	June 28,2004	
P.O. Box, Bldg., Room No., if any Room 1 A	No Golf	
street 830 Transfer Road	No Beverages Dinner Only	
city St. Paul	Dillier Ollich	
State M 1111650 tg ZIP Code + 455114-8	631	
a13.b. Is the Business an Employer, or Consultant ?	14.b. Amount of payment. # 25.00	
Contractors Association		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name T. C. P.T. Service Assn.	The cost to the Trust to send Trustee Charles
Trade Name, if any:	Fritze Ir. to the
P.O. Box, Bidg., Room No., if any	International Benefit Foundation
street 700 Transfer Road	Collection Procedures Institute,
city St. Paul	March 6-11, 2004 in Santa
State Minnesota ZIP Code + 45514865	l . •
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$1960. 28/4/